Whereas, Evidence-based research indicates that even a small amount of lead in a child’s body can cause serious health problems; and

Whereas, Other studies have demonstrated lead’s compromising effects on child health, the immune system, and association with impairments in neurobehavioral factors such as a child’s learning skills, hearing, and self-regulatory ability resulting in delinquent behavior; and

Whereas, Children may be more susceptible to the adverse health effects of chemical, physical, and biological hazards than adults, while having reduced immunity, immaturity of organs and functions than adults; and

Whereas, Rapid growth and development can make children more vulnerable to the toxic effects of environmental hazards than adults; and

Whereas, During critical developmental stages, children spend much of their day within school environments; and

Whereas, The current action limit for lead in drinking water of 15 ppb is a regulatory measure, not a public health measure; and

Whereas, Research shows that there is no 100 percent "safe" level of lead in drinking water for school children; and

Whereas, It is imperative that standardized, sustainable protocols be developed to ensure school water safety; and

Whereas, Such protocol should include detailed water monitoring and maintenance standards and schedules, guidance on flushing of pipes and filter replacement/maintenance as deemed necessary given the condition of the water system, technical assistance, and both regulatory and independent oversight to ensure such protocols are sustained by state, local, and school system entities; and

Whereas, There are currently no national regulations requiring the testing of school water for lead, copper, and other metals as well as biological contaminants; and

Whereas, All children, regardless of the state or community in which they reside, require protection against metal, chemical and biological contamination in the water made available to them in schools; therefore be it
RESOLVED, That our American Medical Association amend policy H-60.918 by addition as follows:

Lead Contamination in Municipal Water Systems as Exemplified by Flint, Michigan H-60.918

1. Our AMA will advocate for biologic (including hematological) and neurodevelopmental monitoring at established intervals for children exposed to lead contaminated water with resulting elevated blood lead levels (EBLL) so that they do not suffer delay in diagnosis of adverse consequences of their lead exposure.
2. Our AMA will urge existing federal and state-funded programs to evaluate at-risk children to expand services to provide automatic entry into early-intervention screening programs to assist in the neurodevelopmental monitoring of exposed children with EBLL.
3. Our AMA will advocate for appropriate nutritional support for all people exposed to lead contaminated water with resulting elevated blood lead levels, but especially exposed pregnant women, lactating mothers and exposed children. Support should include Vitamin C, green leafy vegetables and other calcium resources so that their bodies will not be forced to substitute lead for missing calcium as the children grow.
4. Our AMA promotes screening, diagnosis and acceptable treatment of lead exposure and iron deficiency in all people exposed to lead contaminated water.
5. Our AMA supports the creation and implementation of standardized protocols and regulations pertaining to water quality testing, reporting and remediation to ensure the safety of water in schools and child care centers (Modify Current HOD Policy); and be it further

RESOLVED, That our American Medical Association actively pursue changes to the federal lead and copper rules consistent with AMA policy H-135.928. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Safe Drinking Water H-135.928
Our AMA supports updates to the U.S. Environmental Protection Agency’s Lead and Copper Rule as well as other state and federal laws to eliminate exposure to lead through drinking water by:
(1) Removing, in a timely manner, lead service lines and other leaded plumbing materials that come into contact with drinking water; (2) Requiring public water systems to establish a mechanism for consumers to access information on lead service line locations; (3) Informing consumers about the health-risks of partial lead service line replacement; (4) Requiring the inclusion of schools, licensed daycare, and health care settings among the sites routinely tested by municipal water quality assurance systems; (5) Improving public access to testing data on water lead levels by requiring testing results from public water systems to be posted on a publicly available website in a reasonable timeframe thereby allowing consumers to take precautions to protect their health; (6) Establishing more robust and frequent public education efforts and outreach to consumers that have lead service lines, including vulnerable populations; (7) Requiring public water systems to notify public health agencies and health care providers when local water samples test above the action level for lead; and
8) Seeking to shorten and streamline the compliance deadline requirements in the Safe Drinking Water Act. Citation: Res. 409, A-16;

Lead Contamination in Municipal Water Systems as Exemplified by Flint, Michigan H-60.918
1. Our AMA will advocate for biologic (including hematological) and neurodevelopmental monitoring at established intervals for children exposed to lead contaminated water with resulting elevated blood lead levels (EBLL) so that they do not suffer delay in diagnosis of adverse consequences of their lead exposure.
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3. Our AMA will advocate for appropriate nutritional support for all people exposed to lead contaminated water with resulting elevated blood lead levels, but especially exposed pregnant women, lactating mothers and exposed children. Support should include Vitamin C, green leafy vegetables and other calcium resources so that their bodies will not be forced to substitute lead for missing calcium as the children grow.
4. Our AMA promotes screening, diagnosis and acceptable treatment of lead exposure and iron deficiency in all people exposed to lead contaminated water. Citation: Res. 428, A-16;